



## PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)

Docket No. (Optional)

05986/100K520-US1

In re Application of Rodolfo R. Llinas, et al.

Application Number

10/627,355-Conf. #2328

Filed

July 24, 2003

For: NEURO-MIMETIC CONTROL SYSTEM AND METHODS

Art Unit

N/A

Examiner

Not Yet Assigned

This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.

The requested extension and appropriate non-small-entity fee are as follows (check time period desired):

- |                                     |                                  |           |
|-------------------------------------|----------------------------------|-----------|
| <input checked="" type="checkbox"/> | One month (37 CFR 1.17(a)(1))    | \$ 110.00 |
| <input type="checkbox"/>            | Two months (37 CFR 1.17(a)(2))   | \$        |
| <input type="checkbox"/>            | Three months (37 CFR 1.17(a)(3)) | \$        |
| <input type="checkbox"/>            | Four months (37 CFR 1.17(a)(4))  | \$        |
| <input type="checkbox"/>            | Five months (37 CFR 1.17(a)(5))  | \$        |

☒ Applicant claims small entity status. See 37 CFR 1.27. Therefore, the fee amount shown above is reduced by one-half, and the resulting fee is: \$ 55.00

☒ A check in the amount of the fee is enclosed.

☐ Payment by credit card. Form PTO-2038 is attached.

☐ The Director has already been authorized to charge fees in this application to a Deposit Account.

☒ The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number 04-0100

I have enclosed a duplicate copy of this sheet.

I am the ☐ applicant/inventor.

☐ assignee of record of the entire interest. See 37 CFR 3.71.

Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).

☐ attorney or agent of record. Registration Number

☒ attorney or agent under 37 CFR 1.34(a).

Registration number if acting under 37 CFR 1.34(a)

35,226

December 4, 2003

Date

(212) 527-7769

Telephone Number

Signature

Chris Kolefas

Typed or printed name

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below

☐ Total of 1 forms are submitted.

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55.00 OP

Express Mail Label No.

Dated: \_\_\_\_\_